## REQUISITION APPROVAL Workers Compensation Fund

## Issue:

Requisitions over \$600,000 require Trustee approval. This payment to Workers Comp is due before the September Trustee meeting (must be paid the first of August). Executive Committee can approve this requisition, and it will then be ratified by the full Board at the September meeting.

## Background:

Requisition is for annual payment to Workers Compensation Fund of Utah for employee coverage of workman compensation. Amount is based on percentage of total payroll, as determined by Workers Comp classifications, rules, rates and rating plans. More detailed information is attached. You will notice they have listed the estimated premium at \$586,741.31. UVU Payroll typically budgets a little higher, so have listed the requisition at \$600,000.

This payment has been made annually, but this is the first year it has been done through requisition, thus requiring Trustee approval.

## Motion:

Approval of \$600,000 requisition to Workers Compensation Fund of Utah.



P.O. Box 2227 Sandy, Utah 84091-2227

385,351,8000

Toll Free: 800.446.2667

**INSURANCE PROPOSAL** 

Proposal No:

1635669

INSURED:

**UTAH VALLEY UNIVERSITY** 800 W UNIVERSITY PARKWAY **OREM, UT 84058** 

**Corporation Governmental Entit** INSURED IS: EFFECTIVE DATE: 07/01/2014 To 07/01/2015

Workers Compensation Fund is pleased to provide you with this proposal.

The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change.

Estimated Annual Premium \$2,265.56 \$21,100.66 \$24,566.26 \$100,337.36
\$2,265.56 \$21,100.60 \$24,566.20
\$2,265.56 \$21,100.60 \$24,566.20
\$21,100.60 \$24,566.20
\$21,100.60 \$24,566.20
\$24,566.20
\$24,566.20
\$100,337.3
\$100,337.3
\$251,684.7
\$787,138:0
\$8,658.5
-\$119,369.4
-\$33,821.3
\$642,605.7
-\$81,289.6
\$12,712.6
\$12,712.6

Proposal Prepared: 06/17/2014

Requestor: **BMORRIS** 

PRODUCER: **BRIAN J MORRIS** (801)852-4601



Sandy, Utah

385,351,8000 Toll Free: 800.446.2667

84091-2227

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> Premium Basis Total Estimated

Rates Per

Classifications

Code No.

Annual Remuneration

\$100 of Remuneration

Estimated Annual Premium

**ESTIMATED ANNUAL PREMIUM** 

\$586,741.31

Total Due For:

UT

\$586,741.31

Minimum Premium:

\$400.00

Please see Proposal Summary for payment due amount.

For your protection. Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Proposal Prepared: 06/17/2014

Requestor: BMORRIS